



Form CPF M 102: Campaign Finance Report Municipal Form

Commonwealth
of Massachusetts

Office of Campaign and Political Finance

19 OCT 22 PM 7:43

19 OCT 22 PM 7:43
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 1, 2019 Ending Date: Oct 28, 2019

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Pamela Lynn Gilday
Candidate Full Name (if applicable)
City Councilor ~ District 1
Office Sought and District
25 Monroe St Amesbury MA 01813
Residential Address
E-mail: councilorgilday@amesburyma.gov
Phone # (optional): 978 388 5452

Committee to Elect Pam Gilday
Committee Name
Robert Gilday
Name of Committee Treasurer
25 Monroe St
Committee Mailing Address
E-mail: pgilday@comcast.net
Phone # (optional): 978 388 5452

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

68.26

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

68.26

Line 4: Total expenditures this period (page 5, line 14)

0

Line 5: Ending Balance (line 3 minus line 4)

68.26

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

The Provident Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Robert Gilday (Treasurer's signature)

Date: 10/25/2019

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Pamela L Gilday (Candidate's signature)

Date: 10/25/2019

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Total Expenditures over \$50 (or listed above)	
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	0

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



5 Market St.
Amesbury, MA 01913

Return Service Requested



Customer Service
1-877-487-2977
Telephone Banking
1-800-815-7056
Website
TheProvidentBank.com

Customer Statement

Pg 1 of 2

Account Number: xxxxxxxx5902
Statement Date: May 01, 2019 thru May 31, 2019

Summary - All Accounts

Product	Account #	Ending Balance
Basic Business Checking	xxxxxxx5902	\$68.26



COMMITTEE TO ELECT PAM GILDAY
25 MONROE ST
AMESBURY MA 01913-3412

Basic Business Checking - xxxxxxxx5902

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$68.26
	No activity this period.			
	ENDING BALANCE			\$68.26

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
May 01, 2019	68.26	0.00	0.00	0.00	0.00	68.26

Attention All Mobile Users:



The Provident Bank will require all checks deposited via our online banking app or business remote deposit app to include the endorsement of 'Deposited via Mobile Deposit' on the back of the check. Please contact our Customer Service Center at 1-877-487-2977 if you have any questions.



5 Market St.
Amesbury, MA 01913

Return Service Requested



Customer Service
1-877-487-2977
Telephone Banking
1-800-815-7056
Website
TheProvidentBank.com

Customer Statement

Pg 1 of 2

Account Number: xxxxxxxx5902
Statement Date: Jun 29, 2019 thru Jul 31, 2019

Summary - All Accounts

Product	Account #	Ending Balance
Basic Business Checking	xxxxxxx5902	\$68.26



COMMITTEE TO ELECT PAM GILDAY
25 MONROE ST
AMESBURY MA 01913-3412

Basic Business Checking - xxxxxxxx5902

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$68.26
	No activity this period.			
	ENDING BALANCE			\$68.26

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 29, 2019	68.26	0.00	0.00	0.00	0.00	68.26

Foreign Draft Services Notice



Beginning on September 1st, The Provident Bank will begin offering its customers foreign draft services. There will be a \$5 fee per foreign draft item, and a delivery fee of \$10 when delivered to a branch location or \$15 when delivered to a client's address. Stop payments for foreign drafts will not incur a fee, but funds will be returned at the current exchange rate. Please visit one of our branch locations or call us at 1-877-487-2977 for additional information.